



State of Ohio Environmental Protection Agency

Ohio EPA Form 4237
Issued 08/04

Sanitary Sewer Overflow 5-Day Follow Up Report

Report Submitted by:	
Date	07/07/15
Facility Name	Gary L. Kron Water Reclamation Facility
Ohio NPDES Permit No.	3PK00033*MD
Period Covered by Report	7-6-15
Contact Person Name	Michael Melnyk
Contact Person Title	Asst. Superintendent
Mailing Address	8471 Lakeshore Blvd.
City, State, Zip	Mentor, Ohio 44060
County	Lake
Telephone No.	(440) 350-3431
E-mail Address	mmelnyk@lakecountyohio.gov

Signature required at end of form

Overflow Information	
Event start date and time – if multiple locations, include information for each	7/6/15 8:30 am
Event end date and time	7/6/15 12:30 pm
Location(s) the SSO – include unique ID number if one exists	301 Olive Street, Grand River OH 44077 (Williams Lift Station force main)
Destination(s) of overflow	<input type="checkbox"/> Basement or building <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
Specific receiving water(s) (if applicable)	N/A
Estimated volume (million gallons) – if multiple locations, include volume for each	.104 MGD
Sewer system component(s) from which release occurred	<input type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input checked="" type="checkbox"/> Pipe crack <input type="checkbox"/> Pump station <input type="checkbox"/> Other (explain)
Cause(s) of overflow	<input type="checkbox"/> Extreme weather <input type="checkbox"/> Equipment failure <input type="checkbox"/> Power failure <input type="checkbox"/> Debris in line <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Other blockages <input checked="" type="checkbox"/> Line deterioration <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (explain)